

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/362286
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51				1		
2				1			52			1			
3				1			53				1		
4				1			54				2		
5				1			55				2		
6				1			56				2		
7				1			57				2		
8				1			58				2		
9				1			59				2		
10				1			60			1			
11				1			61				1		
12				1			62				1		
13				1			63				1		
14				1			64				1		
15				1			65				1		
16				1			66				1		
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.		1		1		1	TOTAL IND.		4		1		1
TOTAL DEP.							TOTAL DEP.		40				
TOTAL CLAIMS							TOTAL CLAIMS		44				